

EXHIBIT 62

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION  
OPIATE LITIGATION MDL No. 2804  
Case No.  
17-mdl-2804  
Judge Dan Polster

This document relates to:  
The County of Cuyahoga, Ohio, et al., v.  
Purdue Pharma L.P., et al.,  
Case No. 1:17-OP-45004 (N.D. Ohio)

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30(b)(6) videotaped deposition of
HUGH SHANNON
January 15, 2019
9:05 a.m.

Taken at:
Climaco, Wilcox, Peca & Garofoli Co., L.P.A.
55 Public Square, Suite 1950
Cleveland, Ohio
Wendy L. Klauss, RPR

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<p style="text-align: right;">Page 10</p> <p>1 THE VIDEOGRAPHER: We are now on 2 the record. The date is January 15, 2019. The 3 time 9:05 a.m. The caption of this case is In 4 Re National Prescription Opiate Litigation. 5 The name of the witness is Hugh Shannon. 6 At this time the attorneys present 7 and those attending remotely will identify 8 themselves and the parties they represent. 9 MR. CIACCIO: I'll start. Joseph 10 Ciaccio, Napoli Shkolnic, Cuyahoga County. 11 MR. GALLUCCI: Frank Gallucci, 12 Plevin & Gallucci, Cuyahoga County. 13 MR. CASPARY: Chris Caspary, Zashin 14 & Rich, City of Cleveland. 15 MS. JAMES: Erica James, Tucker 16 Ellis, Janssen Pharmaceuticals and Johnson & 17 Johnson. 18 MR. PADUKONE: Assem Padukone, 19 Covington & Burling, on behalf of McKesson 20 Corporation. 21 MS. HARTMAN: Ruth Hartman, Baker 22 Hostetler, on behalf of the Endo defendants. 23 MR. KEYES: Andrew Keyes, Williams 24 & Connolly, on behalf of Cardinal Health. 25 MS. ROITMAN: Sara Roitman, from</p>	<p style="text-align: right;">Page 12</p> <p>1 you today? 2 A. Good morning. I'm well, thank you. 3 Q. Do you understand that you are here 4 today to testify as a representative of 5 Cuyahoga County under Federal Rule of Civil 6 Procedure 30(b)(6)? 7 A. I do. 8 - - - - - 9 (Thereupon, Deposition Exhibit 1, 10 Amended Notice of Videotaped 11 30(b)(6) Deposition of the County of 12 Cuyahoga, was marked for purposes of 13 identification.) 14 - - - - - 15 Q. Take a look at what we have marked 16 as Exhibit 1. This is the notice for today's 17 deposition. Can you take a look at the topics 18 that are listed on pages 2 and 3 of Exhibit 1, 19 and when you are done with that, just look up 20 at me. 21 So, Mr. Shannon, the notice lists 22 topics 10, 12, 17, 23, 24, 25 and 31. Are 23 those the topics that you understand that you 24 are here to testify about today? 25 A. Yes.</p>
<p style="text-align: right;">Page 11</p> <p>1 Dechert, on behalf of Purdue. 2 MR. CARTER: Ed Carter, Jones Day, 3 for Walmart. 4 MS. ZERRUSEN: Sandy Zerrusen, from 5 Jackson Kelly, on behalf of AmeriSourceBergan. 6 MR. BORANIAN: Steven Boranian, 7 from Reed Smith, for defendant 8 AmeriSourceBergan. 9 THE VIDEOGRAPHER: People on the 10 phone? 11 MR. PORTER: Luke Porter, with Reed 12 Smith, on behalf of AmerisourceBergen. 13 MS. HANNAM: Monique Hannam, from 14 Barnes & Thornburg, on behalf of HD Smith. 15 MR. BADALA: Salvatore Badala, on 16 behalf of plaintiff, Cuyahoga County. 17 THE VIDEOGRAPHER: Will the court 18 reporter please swear in the witness. 19 HUGH SHANNON, of lawful age, called 20 for examination, as provided by the Statute, 21 being by me first duly sworn, as hereinafter 22 certified, deposed and said as follows: 23 EXAMINATION OF HUGH SHANNON 24 BY MR. BORANIAN: 25 Q. Good morning, Mr. Shannon. How are</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. And have you prepared to testify 2 about those topics today? 3 A. I have. 4 Q. What have you done to prepare for 5 today's deposition? 6 A. A lot of review of materials, 7 mainly from past years; materials from other 8 county agencies that I'm not a part of but work 9 with, to familiarize myself more with these 10 topics and how they may have affected the 11 operations of those agencies; discussions with 12 some of those directors. 13 I have had discussions with members 14 of the task forces that are in effect right now 15 to deal with the opioid crisis in our 16 community. 17 Q. How did you select the documents 18 and materials that you reviewed for today? 19 A. Most of it was just a general 20 re-review of, you know, information that our 21 office has produced and shared and provided to 22 members of the community and the task forces 23 over the years. 24 Most of, you know, the discussions 25 with the attorneys about these specific topics,</p>

<p style="text-align: right;">Page 14</p> <p>1 once we have had those discussions, maybe start 2 to zero in on specific documents that we may 3 have created out of our office or out of other 4 agencies of the county. 5 Q. Did you make a list of the 6 documents or, otherwise, take notes -- 7 A. No. The -- 8 Q. I wasn't -- 9 MR. CIACCIO: Make sure you -- 10 Q. I didn't go through the standard 11 instructions, but have you been deposed before, 12 Mr. Shannon? 13 A. No. 14 Q. Okay. The person sitting to your 15 left is taking down everything that we say, so 16 it is more that we not talk at the same time. 17 I promise to not cut you off if you promise to 18 not cut me off, and that goes for all of the 19 attorneys here in the room. 20 A. I apologize. 21 Q. If you need a break at any time, 22 just let us know. If we have -- if you don't 23 understand any question that I've asked you, 24 please let me know and I will do my best to ask 25 you a better question, okay? Are those</p>	<p style="text-align: right;">Page 16</p> <p>1 specifically with the categories of injury and 2 our attorneys' response. 3 Tab 2 is titled the Second Amended 4 Corrected Complaint. 5 Q. It looks like there are excerpts of 6 that complaint in tab 2, correct? 7 A. I didn't write this document, so 8 I'm not sure, specifically, if it's an amended 9 version or a condensed version. 10 Q. Okay. For the record, it's not all 11 there, but that's fine. What's the next tab? 12 A. Tab 3, this is the Medical 13 Examiner's of Cuyahoga County report on updated 14 fentanyl, heroin and cocaine deaths, related 15 deaths in Cuyahoga County from June 1 of 2018. 16 Tab 4 is titled the Amended Notice 17 of Videotaped 30(b)(6) Deposition of Cuyahoga 18 County. 19 And tab 5 looks like the 20 organizational chart of Cuyahoga County. 21 Q. Okay. Did you take any handwritten 22 notes on any of those documents? 23 A. I did not. 24 Q. Okay. We will mark that as Exhibit 25 2. If you can just hand it over to me, or you</p>
<p style="text-align: right;">Page 15</p> <p>1 instructions clear? 2 A. Yes. 3 Q. Okay. Thank you. So we were 4 talking about the documents. I think my 5 question was did you keep any list or tally of 6 the documents that you reviewed for today's 7 deposition? 8 A. I did not. 9 Q. Okay. Did you take any notes, when 10 you were preparing for today's deposition? 11 A. I did not. 12 Q. Did counsel provide any materials 13 for you to review? 14 A. Just what's in this binder in front 15 of me. 16 MR. BORANIAN: Do you have a copy 17 of the binder for us? 18 MR. CIACCIO: Sure. 19 Q. Do you have that binder in front of 20 you right now, Mr. Shannon? 21 A. I do. 22 Q. So tell me what's in the binder. 23 A. So tab 1, I believe tab 1 deals 24 with what they call -- what they have named 25 interrogatory number 18, which deals</p>	<p style="text-align: right;">Page 17</p> <p>1 can just put the sticker on yourself. 2 - - - - - 3 (Thereupon, Deposition Exhibit 2, 4 Black Binder Containing Tabs 1 5 Through 5, was marked for purposes 6 of identification.) 7 - - - - - 8 MR. GALLUCCI: I think we did it on 9 the outside yesterday. 10 MR. CIACCIO: We did. 11 Q. Now, other than the documents in 12 that binder, Exhibit Number 2, are there any 13 other documents that you reviewed that you 14 physically have that you collected in a file or 15 anywhere else? 16 A. Most of our files we put online, 17 because it's information that we are sharing 18 with the community. I do have files on my hard 19 drive that I've collected over the years, which 20 were turned over during discovery. 21 Q. Okay. So specifically for 22 preparation for today's deposition, do you have 23 a file or a box of documents or anything in 24 physical or hard copy? 25 A. No. I try not to waste paper. I</p>

5 (Pages 14 - 17)

<p style="text-align: right;">Page 18</p> <p>1 just reviewed what I was looking for in my 2 files and on the website, just to refamiliarize 3 myself. 4 Q. Who did you speak with to prepare 5 for today's deposition? 6 A. Well, obviously Dr. Gilson and I 7 have spoken at length. I'm his administrator 8 at the medical examiner's office. So during 9 the course of the day, we are always talking. 10 Occasionally, what we are doing during the day 11 also crosses over into preparation of what we 12 are doing for this action. 13 Q. Did you talk to Dr. Gilson between 14 his deposition yesterday and this morning? 15 A. Yes. 16 Q. Okay. And what did you discuss 17 with him? 18 A. Well, he was here late yesterday, 19 and I was his ride, so I took him back to the 20 office, and we were basically talking about 21 what had happened at the office while we were 22 gone, and that he needed to get home and have 23 dinner and see his kids. 24 Q. And did you discuss his deposition 25 or the case during that conversation?</p>	<p style="text-align: right;">Page 20</p> <p>1 updates, like I normally would, actually helped 2 me in preparation as well. 3 Q. When did you learn that you would 4 be a representative of the county for 5 deposition? 6 A. I think there was a general 7 understanding that there was going to be a 8 deposition at some point. I don't believe I 9 could pick a specific date. 10 Q. Well, when did you learn that you 11 would testify on these specific topics? 12 A. For the 30(b)(6) deposition, I 13 think that might have been more recent, maybe 14 two months. 15 Q. Okay. So I understand that you 16 deal with these folks in the regular course of 17 business. 18 A. Sure. 19 Q. But I just want to complete getting 20 a description of how you prepared for the 21 deposition. 22 So since you learned that you would 23 testify on these enumerated topics, who else 24 have you spoken to, for the purpose of 25 educating yourself and preparing yourself to</p>
<p style="text-align: right;">Page 19</p> <p>1 A. Only to the extent that it lasted 2 longer than he thought it would. 3 Q. Who else did you talk to for 4 today's deposition? 5 A. We have had a number of discussions 6 by phone with other directors. The HHS 7 director, David Merriman, talked to us a little 8 bit about the impacts on child and family 9 services. Vince Caraffi, at the board of 10 health, he ran the Opiate Task Force for the 11 board of health. Dr. Joan Papp, at 12 MetroHealth, we had a brief conversation, 13 updates about the Dawn program. 14 It's hard to really say I talked 15 specifically to this person about this specific 16 topic, because my work with the medical 17 examiner's office, as well as with the various 18 task forces that we participate in, kind of, 19 brings me into contact with these folks about 20 the general topic of the opioid crisis on a 21 daily basis. 22 So I wouldn't seek people out 23 necessarily to prepare but, as we were talking 24 during the normal course of business, things 25 that I learned from them getting regular</p>	<p style="text-align: right;">Page 21</p> <p>1 testify for the county on these topics. We 2 have Dr. Gilson, Mr. Merriman, Mr. Caraffi, Dr. 3 Papp. Who else? 4 A. I would say -- I would say members 5 of law enforcement: Commander Gingell from the 6 City of Cleveland, he runs the HIDI task force, 7 among other things, for the City of Cleveland; 8 agent Martin from the DEA, I had a brief 9 conversation; Derek Siegle, he's the director 10 at the High Intensity Drug Trafficking Agency. 11 Q. You mentioned you spoke to some 12 task force members. Does that jog your memory 13 at all? 14 A. Judge Synenberg and Judge Matia, 15 they were on the drug and recovery courts. As 16 I said, it is difficult to differentiate 17 between my normal course of business. 18 Q. If anyone else comes to mind, just 19 let us know. 20 A. Sure. 21 Q. Did you meet with attorneys to 22 prepare for today's deposition? 23 A. I did. 24 Q. And how many times? 25 A. It would be hard for me to put a</p>

<p style="text-align: right;">Page 22</p> <p>1 number on it. It's been a busy two months. 2 Q. Is it more than once? 3 A. Yes. 4 Q. Is it more than five times? 5 A. I would say, yes. 6 Q. Is it more than ten times? 7 A. Very likely. 8 Q. So you have met with attorneys. Is 9 it more than 15 times? 10 A. As I said, we have met in person, 11 we have talked on the phone. It's been a busy 12 two months. I would say dozens of times, yes, 13 at least. 14 Q. Okay. So if you can, how many 15 times did you meet with attorneys for the 16 purpose of preparing for today's deposition to 17 testify on these enumerated topics? 18 A. It's probably a dozen -- dozens of 19 times, yeah, right. 20 Q. How many hours total do you think? 21 A. Like I said, over the course of my 22 normal business, I'm constantly dealing with 23 these issues, so it's hundreds of hours, I 24 would think. Specifically saying, let's start 25 with the 30(b)(6) topics, at least 100 and</p>	<p style="text-align: right;">Page 24</p> <p>1 Mr. Shannon, does the county -- got 2 it? 3 Mr. Shannon, does the county 4 contend that it has incurred harm resulting 5 from the promotion, marketing, distribution 6 and/or diversion of prescription opioids? 7 A. Yes, it does. 8 Q. Let me show you Exhibit 3. This 9 might speed things along a little bit. 10 - - - - - 11 (Thereupon, Deposition Exhibit 3, 12 Plaintiff the County of Cuyahoga, 13 Ohio and the State of Ohio Ex Rel. 14 Prosecuting Attorney of Cuyahoga 15 County, Michel C. O'Malley's Second 16 Supplemental Responses and 17 Objections to Distributor 18 Defendants' Interrogatory No. 18 19 Pursuant to the Court's November 21, 20 2018 Order, was marked for purposes 21 of identification.) 22 - - - - - 23 Q. Mr. Shannon, Exhibit 3 is 24 Plaintiff, The County of Cuyahoga, the second 25 supplemental responses and objections to</p>
<p style="text-align: right;">Page 23</p> <p>1 maybe more. 2 Q. When was the last time you met with 3 attorneys to prepare for today's deposition? 4 A. You mean besides this morning? 5 Q. Was this morning the last time? 6 A. Yes. 7 Q. Then before this morning, when was 8 the last time you met with attorneys? 9 A. Yesterday. 10 Q. And how long did that meeting take 11 place? 12 A. Several hours. 13 Q. More than four? 14 A. About four maybe. 15 Q. And who was there? 16 A. The gentleman seated to the right 17 of me. 18 Q. Mr. Ciaccio? 19 A. Mr. Ciaccio and Mr. Gallucci. 20 There were other attorneys coming in and out. 21 Q. Okay. Let me ask you about topic 22 10, Mr. Shannon. Topic 10 is the harm that 23 plaintiff has incurred from the promotion, 24 marketing, distribution, dispensing and/or 25 diversion of prescription opioids.</p>	<p style="text-align: right;">Page 25</p> <p>1 distributor defendants' interrogatory number 18 2 pursuant to the Court's order of November 21, 3 2018. 4 This was in the binder that we 5 marked as Exhibit 2, correct? 6 A. Yes. 7 Q. And this is an interrogatory 8 response that deals with the damages that the 9 county is claiming in this lawsuit, true? 10 A. Yes. 11 Q. So let's go to Exhibit 2 within 12 Exhibit 3, this response. It's a chart that 13 looks like this. Okay. 14 So Mr. Shannon, does the county 15 contend that it has incurred harm that has had 16 an impact on the ADAMHS Board? 17 MR. CIACCIO: Object to the form. 18 A. Yes, it does. 19 Q. What does ADAMHS Board stand for? 20 A. The ADAMHS Board is the Alcohol 21 Drug and Mental Health Services Board. 22 Q. And what harm does the county 23 contend was incurred that had an impact on the 24 ADAMHS Board? 25 A. So in responding to the opioid</p>

<p style="text-align: right;">Page 26</p> <p>1 crisis, Cuyahoga County and individual agencies 2 within it had been doing work on their own. 3 ADAMHS Board is obviously a frontline agency in 4 dealing with the treatment of people who are 5 addicted to alcohol and drugs. 6 When it became clear that we had a 7 real problem, that some of the services at 8 agencies across the county were being 9 overwhelmed, we needed to really get together 10 to talk about, you know, ways to respond in a 11 more vigorous way. 12 When the Cuyahoga County Medical 13 Examiner's Office was talking about the crisis, 14 we had seen a rise in heroin deaths, and so we 15 called the ADAMHS Board to find out, had they 16 been seeing the same thing. We called the 17 board of health, we talked to the U.S. 18 Attorney's Office, Steve Dettelbach and Carole 19 Rendon and other people, saying, are you seeing 20 the same things that we are seeing, do we need 21 to sit down and talk about the response. 22 So that was really the creation of 23 the U.S. Attorney's Task Force at that point. 24 Q. I didn't ask you about the U.S. 25 Attorney's Task Force, Mr. Shannon.</p>	<p style="text-align: right;">Page 28</p> <p>1 tell you that in our conversations, when the 2 task force was formed, ADAMHS was there. 3 They were stressed. They required 4 more resources to respond, same as all the rest 5 of the agencies of the county that are listed 6 here, more people going through the Court 7 system, more people going into the jail. All 8 of these things, stemming from the opioid 9 crisis, created stresses on local government 10 that required more vigorous response and more 11 resources. 12 Q. So this chart attached to the 13 interrogatory response purports to list 14 damages. It is divided into each of these 15 categories, and it is listed out from 2006 16 through 2017. 17 What I want to understand, and 18 there is somebody else designated to testify 19 about the Cuyahoga County's damages, okay? 20 Topic 10 is the harm, the harm resulting in the 21 damages. We don't need to get into the 22 numbers, all right, we don't have time for that 23 today anyway. 24 What I want to know is, what 25 happened that impacted the ADAMHS Board that</p>
<p style="text-align: right;">Page 27</p> <p>1 My question is: What harm did the 2 county incur that had an impact on the 3 operations of the ADAMHS Board -- 4 A. Understood. 5 Q. -- that's the question. 6 A. Understood. Unfortunately, it's 7 really all tied together. ADAMHS Board 8 response, the board of health's response, the 9 medical examiner's response, law enforcement's 10 response, we decided that we needed to be 11 working more closely together. 12 So in order to do that, and to your 13 question, everybody suffered harms because of 14 the resources that needed to be expended, 15 because everybody's caseloads were going up, 16 there were, you know, more people needing to 17 get into treatment, the hospitals were starting 18 to get overwhelmed, their emergency rooms, our 19 office was being stressed, the medical 20 examiner's office, and carried down the line. 21 There was a ripple effect. 22 So in enumerating what damages go 23 to what specific agency, I think that will be 24 worked out by their experts that the 25 representation here is working with, but I can</p>	<p style="text-align: right;">Page 29</p> <p>1 resulted in the claimed damages of, for 2 example, 6 million dollars in 2006; what is the 3 harm -- 4 MR. CIACCIO: Objection. 5 Q. -- that that money was incurred to 6 address? 7 MR. CIACCIO: Objection to the 8 form. 9 Q. If there is a better way to 10 organize this, I'm open to that, but this is 11 the way that the county set this out for us. 12 This is how we are going to start doing this. 13 You know, what is the harm that 14 occurred to the ADAMHS Board that resulted in 15 these numbers? 16 MR. CIACCIO: Objection to form. 17 A. If I understood you, you said you 18 didn't want to talk about the specific numbers, 19 so I'm not sure that I could speak to what you 20 specifically asked, 6 million dollars in this 21 year for that agency. 22 Q. Well, some harm happened to form 23 the basis for these damages. Something 24 happened to the ADAMHS Board that was harmful; 25 what was it?</p>

<p style="text-align: right;">Page 30</p> <p>1 A. Right. So that's what I was trying 2 to explain, and maybe I wasn't doing a good 3 job, and I apologize. 4 Q. Well, I heard greater caseloads, I 5 heard more people in jails, more patients 6 coming through the medical examiner's office, 7 but the county has disclosed numbers in 8 connection with the ADAMHS Board, as well as 9 the medical examiner and others. What's the 10 harm, what's the harm to the ADAMHS Board? 11 A. So the harm is that more resources 12 are needed when there are more people seeking 13 treatment. 14 Q. So greater treatment caseloads? 15 A. Absolutely. 16 Q. Anything else to the ADAMHS Board? 17 A. So in familiarizing myself with all 18 of these other agencies and working with them 19 on the task force, all the discussions have 20 really amounted to the same types of things. 21 There are more people who are 22 becoming addicted, there are more people who 23 are dying, there are more people who are 24 seeking treatment, there are more people 25 getting caught up in the justice system because</p>	<p style="text-align: right;">Page 32</p> <p>1 opioid crisis, and that means more caseloads 2 for caseworkers to go out and do 3 investigations, additional placements in foster 4 care. The costs of these services are not 5 cheap. 6 I mean, often times there are 7 babies that are being born who are already 8 addicted to opiates. So not only are you 9 looking to try to get treatment for parents, 10 but if they die or they lose custody of their 11 children, now we are trying to get treatment 12 for babies who are addicted, born addicted to 13 opiates, and then get them placed in foster 14 care or through the adoption system. So all of 15 these are additional stresses on DCFS. 16 Q. Are there greater or fewer numbers 17 of placements through DCSF since 2006? 18 A. Far more. 19 Q. And who told you that? 20 A. Director Merriman. 21 Q. I'm going to take these next few 22 together, Mr. Shannon. First of all, have you 23 identified the harm incurred that has impacted 24 DCSF? 25 MR. CIACCIO: Object to the form.</p>
<p style="text-align: right;">Page 31</p> <p>1 of their activities surrounding the opioid 2 crisis, and in order to respond to that, as a 3 local government, it requires additional 4 resources. 5 I am not sure that I can speak to 6 the individual numbers, as you are asking. 7 Q. I'm not asking for numbers. I'm 8 asking for the harm. I'm asking for what 9 happened to harm the county, starting in 2006 10 and extending until today? 11 For ADAMHS we have established 12 that, you know, greater caseloads for 13 treatment. Let's move on to Children and 14 Family Services, what harm has been incurred by 15 the county that has had an impact on Children 16 and Family Services? 17 MR. CIACCIO: Objection to the 18 form. 19 A. So the Department of Children and 20 Family Services is, you know, tasked with 21 protecting the children in this community. 22 They have seen a massive upswing of cases due 23 to the fact that people who are caregivers of 24 these children are either being incarcerated, 25 going into treatment or dying because of the</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. Are you done with that? 2 A. There may be others. This is what 3 I have been able -- that's the major topic that 4 we discussed with Director Merriman. 5 Q. You understand you are here to 6 testify about topic 10, harm incurred, true? 7 A. I do. 8 Q. Is there anything else you can tell 9 us about DCSF, other than what we have already 10 said? 11 A. Not at the moment, no. 12 Q. So let's talk about the prosecutor, 13 the public defender, court of common pleas and 14 juvenile court. Has the county incurred harm 15 that has had an impact on those institutions? 16 A. It has. 17 Q. And what is the harm? 18 A. So again, greater caseloads all the 19 way around, more people going through the 20 justice system. There are more arrests, there 21 is obviously more people going into the jail, 22 both juveniles and adults. This crisis has not 23 spared anybody, based on age, demographics or 24 where they live. 25 So more prosecutions means more</p>

<p style="text-align: right;">Page 34</p> <p>1 cases for prosecutors, more cases for 2 defenders, busier dockets for the Court. 3 We have special dockets, drug court 4 and recovery court. Recovery court was created 5 in response to this crisis. We had already had 6 an operating drug court. I think there is talk 7 about trying to add another to keep up with 8 caseloads. 9 And those deal specifically with 10 trying to get people out of the jail and into 11 treatment. They have criteria that they have 12 to meet, and it is a rigorous program, but they 13 see very good results. But those are also not 14 inexpensive. So more people going through drug 15 courts, getting into treatment, means more 16 resources. 17 Q. Has the county incurred harm that 18 has had an impact on the sheriff's office? 19 A. Yes. 20 Q. And what would that be? 21 A. So the sheriff's office, while it 22 is the main law enforcement agency for the 23 county, which means it's doing more 24 investigations based on the opioid crisis, but 25 it also runs the county jail.</p>	<p style="text-align: right;">Page 36</p> <p>1 happening. 2 In order to deal with our increased 3 caseloads, unfortunately, as fatalities were 4 rising faster than we could almost adapt to, we 5 needed to bring on more forensic pathologists 6 to do autopsies, we needed more forensic 7 scientists in the laboratory to do toxicology 8 testing and drug chemistry work. 9 As the investigations grew more 10 elaborate for drug cases than they had in the 11 past, it required additional training. There 12 were protocols designed with law enforcement, 13 with the prosecutor's office, to instruct 14 people who were going to be on these scenes how 15 to properly collect evidence that they would 16 want to submit for forensic testing. 17 Generally, in a drug case, you 18 wouldn't see a lot of forensic testing done, 19 but these cases now became -- there was a shift 20 in policy both at the prosecutor's and at the 21 U.S. Attorney's Office to be more rigorous with 22 the prosecutions, charging people with 23 manslaughter, death specification cases. So it 24 required more evidence collected at the scene. 25 So when packaging is found at the</p>
<p style="text-align: right;">Page 35</p> <p>1 The county jail is now 2 overcrowded -- more overcrowded, it has also 3 become one of, if not the largest drug 4 treatment center in Cuyahoga County. Research 5 done of local cases by the medical examiner's 6 office, I believe, showed that we had somewhere 7 in the 40 to 50 percent range of folks who were 8 dying of an opioid overdose had had some jail 9 time in the previous two years. 10 So as those numbers go up, you are 11 talking about more and more people going into 12 the jail. Probably one of the most expensive 13 things that Cuyahoga County does is run that 14 jail. 15 Q. Has the county incurred harm that 16 had an impact on the medical examiner's office? 17 A. It has. 18 Q. And what is that harm? 19 A. So we have, in identifying this 20 crisis, the medical examiner's office has 21 started to collect and produce reports, collect 22 data, produce reports to get out into the 23 community. We felt that that was a very 24 important thing to do, that everybody had a 25 common baseline of knowledge about what was</p>	<p style="text-align: right;">Page 37</p> <p>1 scene by law enforcement, maybe they want 2 fingerprints done, maybe they want DNA testing 3 done. Well, you can't just throw a baggy in -- 4 or throw packaging, drug packaging into a 5 plastic baggy and seal it up if you want DNA 6 testing. It ruins it or it has a potential to 7 regrade it. 8 So we had to just kind of brief who 9 would be on scene, these narcotic agents, these 10 detectives, how to properly collect it if they 11 wanted evidence from our office. So more 12 scientists, more doctors. 13 Obviously, with more case work, we 14 got busier. We needed to buy more supplies, 15 equipment started to fail, we needed to 16 replenish equipment. There was a new 17 technology that helps us identify the new 18 strains and analogs of fentanyl that were 19 emerging, help us identify them and identify 20 them quicker. Over the course of -- 21 Q. I thought you were done. 22 A. No. I'm sorry. 23 Over the course of, I would say, 24 the last three years, we've asked for and 25 received an additional 3 million dollars to our</p>

<p style="text-align: right;">Page 38</p> <p>1 budget to deal specifically with the opioid 2 crisis, for equipment, supplies and personnel. 3 Fortunately, I am familiar with those specific 4 numbers. 5 Q. Has the county incurred any harm 6 that we haven't already discussed? 7 A. For sure. 8 Q. What else? 9 A. Well, I would start with the 3,000 10 people that have died in the last dozen years 11 or so from an opioid-related drug. 12 Q. Which is a great loss to their 13 friends and family, true? 14 A. Correct. 15 Q. I'm asking about harm to the 16 county. What other harm has the county 17 incurred because of the promotion, marketing, 18 distribution and/or diversion of opioids? 19 MR. CIACCIO: Objection to form. 20 Just let him finish the answer before you start 21 interrupting. 22 A. So as I was saying, there is great 23 harm to the county, because those families who 24 were left behind, our doctors have to talk to 25 those families, Dr. Gilson has to talk to</p>	<p style="text-align: right;">Page 40</p> <p>1 Our task today is to identify the 2 harms so we can learn with particularity what 3 we're dealing with here. 4 So is there any harm to the county 5 that we haven't already covered that you are 6 claiming in this lawsuit? 7 MR. CIACCIO: Objection to form. 8 Just objection. Outside the scope. 9 MR. BORANIAN: How could that 10 possibly be outside the scope? 11 MR. CIACCIO: Well, when you are 12 clarify it with that you are claiming in this 13 lawsuit, I think it starts to go into damages. 14 So I think that is outside the scope. 15 If you are going to ask him the 16 damages -- by claiming, you are saying damages. 17 So that's the part that I think is outside the 18 scope. 19 MR. BORANIAN: We have your 20 objection. 21 Q. So, Mr. Shannon? 22 A. So we have talked about the 23 expansion of treatment both in the jail and 24 other areas. One of the things that we did 25 early on, the county supported MetroHealth,</p>
<p style="text-align: right;">Page 39</p> <p>1 parents who have lost children. 2 It's not an easy thing to have to 3 deal with. You can, you know, only say so much 4 for someone who has lost a child, and there are 5 other ripple effects. 6 We talked about what was to DCSF. 7 People are also caregiving for their parents, 8 for their grandparents. When they lose a 9 caregiver, those people have to be taken care 10 of. It goes directly to the harms that ripple 11 out throughout all of the service systems. 12 The county is the last safety net 13 for a lot of people, and so taking 3,000 14 people, often times people who are -- you know, 15 this is not what we remember, you know, from 16 old TV shows. These are people who are working 17 every day, these are people who are 18 contributing to the tax base, they are working, 19 they are taking care of their parents, they're 20 taking care of their families. It has a ripple 21 effect. It is a direct effect on harms to the 22 county. 23 Q. Mr. Shannon, there is not a person 24 in this room who is not sympathetic to the 25 plight that you have just described.</p>	<p style="text-align: right;">Page 41</p> <p>1 which is the county hospital, in instituting 2 the Dawn Program. 3 Dawn is the Deaths Avoided With 4 Naloxone Program, and getting that up and 5 running required an investment of resources 6 from the county to get started. It has since 7 expanded to include increased availability for 8 needle exchange, they have instituted now a 9 fentanyl strip program, which they distribute 10 with the kits and with the needles, so folks 11 can use those to identify if their drugs have 12 fentanyl in them. 13 Not everybody who is seeking drugs 14 is looking for fentanyl. Often times, you 15 know, there is no quality control of it. So 16 that was an important addition, to help harm 17 reduction. 18 There have been expanded 19 interventions for hep C and HIV. Obviously, 20 people who are using needles, that's a danger. 21 Q. Are you talking now about measures 22 the county has taken to address the opioid 23 problem? 24 A. Well, you were asking about the 25 harm.</p>

<p style="text-align: right;">Page 42</p> <p>1 Q. Right.</p> <p>2 A. And so when we expend resources --</p> <p>3 Q. Let me just cut you off there. The</p> <p>4 only reason I asked is because the next topic</p> <p>5 is topic 12, which is mitigation of harm, which</p> <p>6 would address what the county does to address</p> <p>7 the opioid issues. So we're going to get to</p> <p>8 that, I promise.</p> <p>9 A. I understand.</p> <p>10 Q. I want to focus on and finish with</p> <p>11 identifying the harm that has been incurred by</p> <p>12 the county because of the marketing, promotion,</p> <p>13 distribution and diversion of opioids.</p> <p>14 We have gone through each of the</p> <p>15 agencies that are listed in the interrogatory</p> <p>16 response, we have discussed MetroHealth and the</p> <p>17 Dawn Program. Is there any other harm that you</p> <p>18 can identify that the county has incurred</p> <p>19 because of the promotion, marketing,</p> <p>20 distribution or diversion of prescription</p> <p>21 opioids?</p> <p>22 A. So I understand what you are saying</p> <p>23 that we will get to number 12, but when you are</p> <p>24 asking about harms, all of these interventions</p> <p>25 required resources --</p>	<p style="text-align: right;">Page 44</p> <p>1 of the law enforcement resources that are</p> <p>2 required and needed for expanded</p> <p>3 investigations.</p> <p>4 Q. We have covered law enforcement and</p> <p>5 the sheriff's office and the courts and the</p> <p>6 prosecutor and the public defender. Anything</p> <p>7 else?</p> <p>8 A. Currently trying to put together a,</p> <p>9 kind of an integrated data system. There is a</p> <p>10 lot of information that's out there about both</p> <p>11 prescription opioids and the ensuing heroin and</p> <p>12 fentanyl crisis, and they are all on different</p> <p>13 systems, they all come in different formats,</p> <p>14 and they are all owned by different agencies.</p> <p>15 Being able to pull a lot of that</p> <p>16 information together in one place to be able to</p> <p>17 use it to inform law enforcement</p> <p>18 investigations, treatment interventions,</p> <p>19 prevention, it's not an easy task. We are not</p> <p>20 even sure yet what all is out there, but to be</p> <p>21 able to bring a lot of different data platforms</p> <p>22 together under one umbrella is going to be a</p> <p>23 resource-intensive undertaking, and so we are</p> <p>24 fortunate to get a Department of Justice grant</p> <p>25 to start things, but it's really just to get us</p>
<p style="text-align: right;">Page 43</p> <p>1 Q. Very well.</p> <p>2 A. -- to start. So if you are asking</p> <p>3 me, you know, how this is all getting put</p> <p>4 together, that's going to be part of it.</p> <p>5 Q. That's fine. That's fine.</p> <p>6 Is there any other harm to the</p> <p>7 county you want to describe, other than what we</p> <p>8 have already talked about?</p> <p>9 A. So the county, both the ADAMHS</p> <p>10 Board and the county itself, embarked on a</p> <p>11 number of media campaigns, billboards, videos,</p> <p>12 things like that, to do prevention messaging</p> <p>13 into the community about the dangers of opioid</p> <p>14 prescriptions and the opioid crisis.</p> <p>15 So there was a lot of time, effort,</p> <p>16 and resources put into those programs to be</p> <p>17 able to try to stem the tide, make sure that</p> <p>18 people understood the dangers of prescribed</p> <p>19 opioids, to understand that they had the power</p> <p>20 to say to their doctor that they didn't need an</p> <p>21 opioid prescription, if they didn't want one.</p> <p>22 This also led to a lot of school-based</p> <p>23 prevention messaging and programs, again all</p> <p>24 requiring additional resources.</p> <p>25 There is a laundry list, I'm sure,</p>	<p style="text-align: right;">Page 45</p> <p>1 to the point where we know everything we need</p> <p>2 to know to start designing that system. And</p> <p>3 that will be expensive, so...</p> <p>4 Q. Has the county incurred any harm</p> <p>5 because of the marketing, promotion,</p> <p>6 distribution, or dispensing of prescription</p> <p>7 opioids that we haven't already covered?</p> <p>8 A. I'm sure there are others. It's a</p> <p>9 lot, it's a lot of information to try to absorb</p> <p>10 and take in. I have been doing it for seven</p> <p>11 years, and I'm sure there are things I really</p> <p>12 don't know well enough.</p> <p>13 Q. Well, you understand that you have</p> <p>14 been designated to testify --</p> <p>15 A. I do understand that.</p> <p>16 Q. -- on this topic for the county?</p> <p>17 Have you given us all the</p> <p>18 information that you currently have on behalf</p> <p>19 of the county about the harm that has been</p> <p>20 incurred?</p> <p>21 A. I would say that we have gone into</p> <p>22 discussions with the various hospitals and the</p> <p>23 medical schools about trying to put together</p> <p>24 new training programs, new education standards</p> <p>25 for existing physicians, as well as medical</p>

<p style="text-align: right;">Page 46</p> <p>1 students.</p> <p>2 We see a lot of medical students</p> <p>3 come through our office, we try to do some of</p> <p>4 that, but to coordinate with those teaching</p> <p>5 hospitals, with those medical schools, it takes</p> <p>6 resources to be able to come up with those new</p> <p>7 standards, how to prescribe appropriately and</p> <p>8 responsively. We have had, you know, many</p> <p>9 discussions, the medical examiner's office</p> <p>10 specifically.</p> <p>11 Q. Anything else, Mr. Shannon, or can</p> <p>12 we move on?</p> <p>13 A. I'm sure there are more.</p> <p>14 Q. Well, now is your chance. Let me</p> <p>15 ask you this: When did the county first</p> <p>16 experience harm resulting from the promotion,</p> <p>17 marketing, distribution, dispensing or</p> <p>18 diversion of prescription opioids?</p> <p>19 MR. CIACCIO: Objection to form.</p> <p>20 A. Well, that's complicated. When we</p> <p>21 had our first discussion about heroin, we</p> <p>22 didn't have all of the information, I think, we</p> <p>23 needed to be fully informed, like we are today.</p> <p>24 Seven years ago, when we saw</p> <p>25 heroin, we saw it spiking, that was a problem.</p>	<p style="text-align: right;">Page 48</p> <p>1 monitoring system, OARRS, and that took some</p> <p>2 time and personal lobbying to get, we were able</p> <p>3 to do -- start doing lookbacks on people we</p> <p>4 knew were dying from overdoses. We set up a</p> <p>5 poison death review committee.</p> <p>6 Q. Mr. Shannon, when did the county</p> <p>7 incur the harm? When did it first incur the</p> <p>8 harm?</p> <p>9 MR. CIACCIO: I think he is trying</p> <p>10 to explain that to you. He said it is a</p> <p>11 complicated answer.</p> <p>12 MR. BORANIAN: We have a time limit</p> <p>13 here.</p> <p>14 MR. CIACCIO: I understand that.</p> <p>15 MR. BORANIAN: You can't</p> <p>16 filibuster.</p> <p>17 Q. The question is, when did the</p> <p>18 county first experience the harm that you've</p> <p>19 just described here for the last 45 minutes?</p> <p>20 MR. CIACCIO: And I think you are</p> <p>21 using up time by making him restart his answer</p> <p>22 every time.</p> <p>23 Q. So when?</p> <p>24 A. As I said, it's a complicated</p> <p>25 issue.</p>
<p style="text-align: right;">Page 47</p> <p>1 What we didn't realize and what was kind of,</p> <p>2 you know, hidden from view was that, you know,</p> <p>3 most of these people started with a prescribed</p> <p>4 opiate.</p> <p>5 Q. The question, Mr. Shannon, is, when</p> <p>6 did you first incur the harm?</p> <p>7 MR. CIACCIO: I think he's</p> <p>8 answering that question.</p> <p>9 MR. BORANIAN: No, I don't think he</p> <p>10 is. He is answering -- he's talking about what</p> <p>11 he understood and what he is learning.</p> <p>12 Q. The question is: When did you</p> <p>13 first experience the harm?</p> <p>14 MR. CIACCIO: If he finishes the</p> <p>15 question, then you will know whether or not he</p> <p>16 answered it and you can follow back up. But,</p> <p>17 again, I'm going to ask you not to cut him off</p> <p>18 just because you don't like the answer.</p> <p>19 A. So we didn't fully understand, kind</p> <p>20 of, these underlying issues. Part of it was</p> <p>21 that we required more information than we were</p> <p>22 entitled to at that time legally.</p> <p>23 Once the medical examiner himself</p> <p>24 started having conversations with the board of</p> <p>25 pharmacy to get access to the drug prescription</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. I don't think it is. You listed in</p> <p>2 your discovery response as early as 2006. So</p> <p>3 you're testifying for the county here, not as</p> <p>4 the medical examiner's administrator.</p> <p>5 MR. CIACCIO: Outside.</p> <p>6 Q. The response starts in 2006. The</p> <p>7 question is, when did you first incur the harm</p> <p>8 for which you are claiming damages in this</p> <p>9 lawsuit?</p> <p>10 MR. CIACCIO: Outside the scope,</p> <p>11 obviously.</p> <p>12 MR. BORANIAN: It is completely</p> <p>13 within the scope.</p> <p>14 MR. CIACCIO: No. You are using</p> <p>15 the date the damages started as a date. You</p> <p>16 are confusing the two topics, and we didn't</p> <p>17 write them but their -- but I can understand</p> <p>18 why you are, but again, and I would ask, if you</p> <p>19 just let him get the answer out, we probably</p> <p>20 would have been moved on by now.</p> <p>21 A. So when we were able to get this</p> <p>22 information and be able to look at the people</p> <p>23 who were dying, look at their histories of</p> <p>24 prescriptions, we started to find that about 75</p> <p>25 percent of them had had prescribed opioids</p>

<p style="text-align: right;">Page 50</p> <p>1 prior to their death.</p> <p>2 There were discussions about this</p> <p>3 in medical literature as well starting to come</p> <p>4 out. The work that the medical examiner's</p> <p>5 office did was one of the first concrete</p> <p>6 studies of linking heroin deaths to previous</p> <p>7 prescribed opioids. That helped inform the</p> <p>8 work that we were doing in Cuyahoga County.</p> <p>9 So while we knew that there were</p> <p>10 issues, we knew that there were concerns that</p> <p>11 we had about people dying from heroin</p> <p>12 overdoses, now we were starting to see, kind</p> <p>13 of, the genesis of the evolution of the crisis</p> <p>14 that we were facing. If you don't know all of</p> <p>15 the factors, you may be trying to, you know,</p> <p>16 stop one avenue and leave another one wide</p> <p>17 open.</p> <p>18 So then, I would say, 2016 is when</p> <p>19 it became acute. It was then obvious to us,</p> <p>20 with all the other data we had, there was a</p> <p>21 starting point to this that -- and the numbers</p> <p>22 continued to hold up year after year.</p> <p>23 Three-quarters of the people, roughly, give or</p> <p>24 take percentage there, had prescription opiates</p> <p>25 in their OARRS histories.</p>	<p style="text-align: right;">Page 52</p> <p>1 county's -- I'm sorry. I thought you were</p> <p>2 finished.</p> <p>3 A. That's all right. I would just</p> <p>4 say, my best guess is by 2016, we had had an</p> <p>5 analysis of data that we had not previously had</p> <p>6 to be able to make those links back to</p> <p>7 prescription opioids and heroin use, and heroin</p> <p>8 use became fentanyl use, and fentanyl use</p> <p>9 became carfentanil use.</p> <p>10 Q. Is the county willing to stipulate</p> <p>11 that it's not claiming damages for any harm</p> <p>12 incurred before 2016?</p> <p>13 MR. CIACCIO: Objection. Outside</p> <p>14 the scope. He's not going to answer that.</p> <p>15 That's clearly topic 11. Plus topic 10 is when</p> <p>16 plaintiff became aware it was incurring the</p> <p>17 harm. So you are outside of the scope in</p> <p>18 reframing topic 10, so he has been answering</p> <p>19 the question.</p> <p>20 The topic, I didn't write it, it</p> <p>21 says, "Became aware it was incurring that</p> <p>22 harm." So you saying when did it suffer the</p> <p>23 harm is a question that's not being asked in</p> <p>24 10.</p> <p>25 MR. BORANIAN: Topic 10 is the harm</p>
<p style="text-align: right;">Page 51</p> <p>1 So that is a big step in helping us</p> <p>2 to try to design interventions. When we met in</p> <p>3 2013, we didn't have that information. So the</p> <p>4 things that we were designing didn't fully</p> <p>5 address the full scope of the crisis.</p> <p>6 Q. Mr. Shannon, I didn't ask you when</p> <p>7 you understood something, I didn't ask you</p> <p>8 about your review of OARRS data. If you don't</p> <p>9 answer the question, we can ask for more time,</p> <p>10 we can come back and do this again. I would</p> <p>11 rather not do that.</p> <p>12 The question is, regardless of what</p> <p>13 the county understood at the time, when did it</p> <p>14 first incur harm resulting from the promotion,</p> <p>15 marketing, distribution, dispensing, or</p> <p>16 diversion of prescription opioids; when did the</p> <p>17 harm first occur, based on what you know today,</p> <p>18 as a representative of the county?</p> <p>19 A. Like I said, it's difficult to say</p> <p>20 with any specificity. I can only tell you when</p> <p>21 we had access to information, that we were able</p> <p>22 to connect those dots, that's when, you know,</p> <p>23 we put things into motion to act, based on that</p> <p>24 information. I would say --</p> <p>25 Q. So would the county's -- the</p>	<p style="text-align: right;">Page 53</p> <p>1 that plaintiff has incurred.</p> <p>2 MR. CIACCIO: Sure.</p> <p>3 MR. BORANIAN: That's what I'm</p> <p>4 asking about, including when it started.</p> <p>5 MR. CIACCIO: Then you say when</p> <p>6 plaintiff became aware it was incurring that</p> <p>7 harm.</p> <p>8 MR. BORANIAN: That's one thing</p> <p>9 that we are asking about. I want to know when</p> <p>10 the harm started.</p> <p>11 MR. CIACCIO: That's not in the --</p> <p>12 MR. BORANIAN: We may have to come</p> <p>13 back and ask him again.</p> <p>14 MR. CIACCIO: That's not part of</p> <p>15 topic 10. It doesn't say the harm incurred and</p> <p>16 when that harm took place. It just says the</p> <p>17 harm, and then you specify when plaintiff</p> <p>18 became aware it was incurring that harm. He</p> <p>19 still answered the question. Either way, he's</p> <p>20 answered his answer. I'm just putting that on</p> <p>21 the record that he is answering the question.</p> <p>22 MR. BORANIAN: The description is</p> <p>23 illustrative. It doesn't mean that I can't ask</p> <p>24 him when the harm occurred, in addition to what</p> <p>25 the harm is.</p>

<p style="text-align: right;">Page 54</p> <p>1 MR. CIACCIO: Okay.</p> <p>2 Q. Mr. Shannon, is it the county's</p> <p>3 position that the harm you described has been</p> <p>4 incurred exclusively because of the marketing,</p> <p>5 promotion, distribution, dispensing or</p> <p>6 diversion of prescription opioids?</p> <p>7 A. That is the position of the county.</p> <p>8 Q. So it is your position</p> <p>9 that -- well, the county had a sheriff's</p> <p>10 department before there was a problem with</p> <p>11 prescription opioids, right?</p> <p>12 A. Yes.</p> <p>13 Q. And the county had jails, right?</p> <p>14 A. Yes.</p> <p>15 Q. And the county had drug treatment</p> <p>16 programs, right?</p> <p>17 A. Yes, they did.</p> <p>18 Q. And there were placements into</p> <p>19 foster care and adoption before the current</p> <p>20 problem, true?</p> <p>21 A. That's true.</p> <p>22 Q. Are you willing to say, is it your</p> <p>23 position that none, zero percent of the</p> <p>24 increased caseloads that you have described are</p> <p>25 attributable to factors other than prescription</p>	<p style="text-align: right;">Page 56</p> <p>1 the harm that you have just described, and you</p> <p>2 don't need to repeat, it is not so rigid, you</p> <p>3 don't need to repeat what we have already</p> <p>4 covered.</p> <p>5 For example the DAWN Program, the</p> <p>6 messaging campaign you described, the</p> <p>7 integrated data system, all the stuff that you</p> <p>8 have already described, you don't need to go</p> <p>9 over it again, but what else has the county</p> <p>10 done to address the harm that you have just</p> <p>11 described?</p> <p>12 A. So there are several task forces</p> <p>13 that have been set up, the Opiate Task Force</p> <p>14 and the board of health. There are programs</p> <p>15 run out of the ADAMHS Board. We talked about</p> <p>16 the treatment.</p> <p>17 There are also housing issues.</p> <p>18 ADAMHS Board works with people who are in</p> <p>19 treatment to get them stable housing. That is</p> <p>20 important in the recovery process, to stabilize</p> <p>21 that person's life. Having, you know, housing</p> <p>22 is an important piece of that. We talked</p> <p>23 about, I think, DAWN and all of the ancillaries</p> <p>24 that have been added to it.</p> <p>25 One of the other things that we do</p>
<p style="text-align: right;">Page 55</p> <p>1 opioids?</p> <p>2 MR. CIACCIO: Objection to the</p> <p>3 form.</p> <p>4 A. The harms that we have seen and the</p> <p>5 actions that have needed to be taken are a</p> <p>6 direct result from the overprescribing, the</p> <p>7 overmanufacturing, the overmarketing, the</p> <p>8 aggressive marketing tactics used that are</p> <p>9 outlined of prescription opioids. It created</p> <p>10 the market that we now see that is now being</p> <p>11 filled with illicit drugs as well.</p> <p>12 Q. The increase in caseloads that you</p> <p>13 have described as the harm incurred by the</p> <p>14 county, is 100 percent of that increase</p> <p>15 attributable exclusively to prescription</p> <p>16 opioids, the distribution, manufacturing,</p> <p>17 dispensing, promotion, diversion, whatever the</p> <p>18 topic says, of opioids, 100 percent?</p> <p>19 MR. CIACCIO: Object to the form.</p> <p>20 Q. Is that your position?</p> <p>21 A. That is the contention of the</p> <p>22 county.</p> <p>23 Q. We have already bled over into</p> <p>24 topic 12 a little bit, but let me ask you, Mr.</p> <p>25 Shannon, what has the county done to address</p>	<p style="text-align: right;">Page 57</p> <p>1 with Metro's opioid safety office though is do</p> <p>2 reviews of the fatalities, because they use</p> <p>3 that to inform their medical staff about</p> <p>4 prescriptions they may have been writing to</p> <p>5 people who then subsequently have passed away</p> <p>6 due to a drug overdose.</p> <p>7 Again, the data is something that</p> <p>8 we are -- that we think is very important.</p> <p>9 It's why our website is filled with reports and</p> <p>10 research. Providing the community with a solid</p> <p>11 foundation of information is important, all the</p> <p>12 way down to the family level, to be able to</p> <p>13 have them take more control, empower those</p> <p>14 families to help those whose loved ones they</p> <p>15 may have that are addicted.</p> <p>16 The prevention messaging outside of</p> <p>17 the media campaigns, I think we have had, like</p> <p>18 I said, hundreds of volunteers go out and do</p> <p>19 community forums, talks in schools. We also</p> <p>20 attend conferences, conferences both here in</p> <p>21 the state, law enforcement, attorney general's</p> <p>22 office, medical groups, but also we have been</p> <p>23 invited outside of the state. I believe that</p> <p>24 the medical examiner was invited to El Paso to</p> <p>25 talk at a training of their -- all their DEA</p>